

## UNITED STATES DISTRICT COURT

District of Massachusetts

The M.D. Management Co., LLC (Petitioner),

Adrian E. Lepedeau (Beneficiary)

Mariana Lepedeau (Dependant, spouse) &amp;

R.L. (Dependant, child)

V.

U.S. Department of Homeland Security  
Citizenship and Immigration ServicesFILED  
CLERKS OFFICE  
2004 APR -1 10 2:52  
SUMMONS IN A CIVIL CASEDISTRICT COURT  
DISTRICT OF MASS.  
CASE NUMBER:

04 10499 RWZ

TO: (Name and address of Defendant)

Frank Crowley, Asst. District Counsel  
Department of Homeland Security  
JFK Federal Building  
15 New Sudbury St., Room 425  
Boston, MA 02203

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Maureen O'Sullivan  
Kaplan, O'Sullivan & Friedman  
10 Winthrop Sq., 3rd Floor  
Boston, MA 02110

phone: 617-482-4500

fax: 617-451-6828

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

(By) DEPUTY CLERK



3-12-04

### RETURN OF SERVICE

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE 3-16-04
NAME OF SERVER (PRINT) Elisabeth Kingsbury	TITLE Legal Intern

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the third-party defendant. Place where served: \_\_\_\_\_
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_
- ☐ Returned unexecuted: \_\_\_\_\_
- ☒ Other (specify): Sent via Certified Mail/Return Receipt Requested

### STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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### DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 3-31-04 Elisabeth Kingsbury  
Date Signature of Server

10 Winthrop Sq., 3rd Floor, Boston, MA 02110  
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:  <i>Frank Crowley, Asst. Dist. Counsel</i>  <i>Dept. of Homeland Security</i>  <i>JFK Building</i>  <i>15 New Sudbury St.</i>  <i>Room 425</i>  <i>Boston, MA 02203</i></p>		<p>A. Signature  <i>[Signature]</i></p> <p>B. Received by (Printed Name)  <i>[Signature]</i></p> <p>C. Date of Delivery  <i>3-18-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, enter delivery address below:</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number                      (Transfer from service label)                      PS Form 3811, August 2001</p>		<p>7003 2260 0003 6565 7208</p>	
<p>Domestic Return Receipt</p>		<p>102595-02-M-040</p>	